

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
387003

FILING DATE
7-28-89

APPLICANT(S)
Gelfand, D

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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2		0					52														
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46							96														
							97														
50																					
TOTAL IND.	1		1		1		100														
TOTAL DEP.		0					TOTAL IND.	1													
TOTAL CLAIMS	1						TOTAL DEP.		0												
							TOTAL CLAIMS	1													